

PRINTED: 10/13/2010  
FORM APPROVED  
OMB NO: 0938-0391

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X8) DATE \_\_\_\_\_

ny deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that her safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  290003	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  C 08/06/2010
NAME OF PROVIDER OR SUPPLIER  SUNRISE HOSPITAL AND MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3186 S MARYLAND PKWY LAS VEGAS, NV 89109		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
A2406	<p>Continued From page 1</p> <p>or not eligible for Medicare benefits and regardless of ability to pay) "comes to the emergency department", as defined in paragraph (b) of this section, the hospital must (i) provide an appropriate medical screening examination within the capability of the hospital's emergency department, including ancillary services routinely available to the emergency department, to determine whether or not an emergency medical condition exists. The examination must be conducted by an individual(s) who is determined qualified by hospital bylaws or rules and regulations and who meets the requirements of §482.55 of this chapter concerning emergency services personnel and direction; and</p> <p>(b) If an emergency medical condition is determined to exist, provide any necessary stabilizing treatment, as defined in paragraph (d) of this section, or an appropriate transfer as defined in paragraph (e) of this section. If the hospital admits the individual as an inpatient for further treatment, the hospital's obligation under this section ends, as specified in paragraph (d)(2) of this section.</p> <p>(2) Nonapplicability of provisions of this section. Sanctions under this section for inappropriate transfer during a national emergency or for the direction or relocation of an individual to receive medical screening at an alternate location do not apply to a hospital with a dedicated emergency department located in an emergency area, as specified in section 1135(g)(1) of the Act. A waiver of these sanctions is limited to a 72-hour period beginning upon the implementation of a hospital disaster protocol, except that, if a public health emergency involves a pandemic infectious disease (such as pandemic influenza), the waiver</p>	A2406	<p>Pediatric and Adult (Adult Legal 2000) (See Exhibit A1) and Policy#HWSAF1003 - Patients Requiring Protective Holds or with Correctional Restrictions (See Exhibit A2), are still in place to provide guidance on the procedures and processes for ensuring psychiatric evaluations are completed.</p> <ul style="list-style-type: none"> <li>Exhibit A1 - Policy#SAF1002 - Mental Health Acute Care Management - Pediatric and Adult (Adult Legal 2000)</li> <li>Exhibit A2 - Policy#HWSAF1003 - Patients Requiring Protective Holds or with Correctional Restrictions</li> </ul> <p>Action: Policy Review</p> <p>Policy#SAF1002 (See Exhibit A1) was reviewed on 10/22/10 and minor wording revisions recommended. The Board of Trustees (BOT) approved the revised policy on 10/25/10.</p> <p>A Medical Screening Exam was performed on this patient, and was still in progress at the time of the patient's death. The ED Physician determined as required by NRS. 433A.170 (See Exhibit B1) and noted on the Nevada Legal 2000 (L2K) R form (See Exhibit B2), the patient had "no medical disorder or disease other than a psychiatric problem that required hospitalization." As part of the ongoing MSE, monitoring was required. The patient was placed in the</p>		

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A2406	<p>Continued From page 2</p> <p>will continue in effect until the termination of the applicable declaration of a public health emergency, as provided for by section 1135(e)(1) (B) of the Act.</p> <p>(c) Use of Dedicated Emergency Department for Nonemergency Services If an individual comes to a hospital's dedicated emergency department and a request is made on his or her behalf for examination or treatment for a medical condition, but the nature of the request makes it clear that the medical condition is not of an emergency nature, the hospital is required only to perform such screening as would be appropriate for any individual presenting in that manner, to determine that the individual does not have an emergency medical condition.</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure an appropriate medical screening examination was conducted to rule out a psychiatric emergency for 1 of 45 sampled patients (Patient #11).</p> <p>Findings include:</p> <p>Patient #11 presented to the Emergency Department (ED) via an ambulance on 07/27/08 at 12:14 AM with a chief complaint of Depression and Anxiety.</p> <p>The Nursing Physical Assessment dated 07/27/08 at 1:40 AM documented "...The patient appears to have altered thought processes (UNCOOPERATIVE)..."</p> <p>The Nursing Progress Notes dated 07/27/08 at 2:13 AM documented "...Refused to use urinal.</p>	A2406	<p>Emergency Department Discharge Observation Unit (DOU) to await evaluation by the County Mobile Crisis providers. Staff assigned to this geographic location do not have responsibility for other patients.</p> <ul style="list-style-type: none"> <li>Exhibit B1 - NRS. 433A.170</li> <li>Exhibit B2 - Nevada Legal 2000 (L2K) R form</li> </ul> <p>Action: Contracted Services Review</p> <p>The Hospital made and entered into a professional services agreement with Behavioral Health Institute, Inc. on August 14, 2008. The contractor, Behavioral Health Institute, Inc., per the executed contract shall, upon request, be available to provide consultation and related Psychiatric Professional Services to unassigned inpatients and Emergency Room patients in a timely manner. An unassigned patient is defined as the patient who is not under a care of a psychiatrist at the time of visit to the facility. The agreement is currently in effect until January 31, 2011.</p> <p>In addition to the above referenced contracted services, the Hospital has a current contract in place with Southern Nevada Adult Mental Health Services (SNAMHS) to ensure all appropriate mentally ill persons, for whom an involuntary legal hold has been initiated,</p>	

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A2408	<p>Continued From page 3</p> <p>Physically confrontational..."</p> <p>The Physician Clinical Report dated 07/27/08 at 12:14 AM documented "Chief Complaint - Delusional and Paranoid. This started yesterday. He has exhibited a sudden behavior change reported by the spouse. The patient has been angry and had mood swings and insomnia. No situational problems. Has no been eating or sleeping. The patient has had persecution delusions. The symptoms are described as severe. No injury is present."</p> <p>The physician's clinical impression was "Acute psychosis with delusions."</p> <p>Patient #11 was placed on a legal psychiatric hold 07/27/08 at 2:15 AM by a registered nurse due to "Patient states he's very depressed and anxious." The patient was medically cleared by the ED physician on 07/27/08 at 2:30 AM. The ED physician certified the patient has a mental illness and was a danger to self or others on 07/27/08 at 2:30 AM due to "Patient is acutely psychotic."</p> <p>There was no documented evidence the patient had a psychiatric evaluation to rule out a psychiatric emergency condition.</p> <p>On 07/27/08 at 4:40 AM, the facility completed a "Suicide Risk Factor Scale" which indicated a total score of 7. If the total score of 12 or greater, then the facility would initiate a case management referral for further assessment.</p> <p>Patient #11 was transferred from the ED to a psychiatric hold area on 07/27/08 at 5:25 AM. The nursing progress note documented the patient was placed on suicide precautions with every 15</p>	A2408	<p>are evaluated by SNAMHS Mobile Crisis Team (MCT) staff. Once evaluated by the SNAMHS MCT a determination is made as to whether the patient is in need of emergency mental health treatment or could be released from the involuntary hold and referred to a community based program. The results of the SNAMHS MCT staff are provided to the Sunrise Hospital ED Medical Staff for review and approval. Once the final disposition of the patient is approved by the ED Medical Staff, the SNAMHS MCT implements the approved recommendations. The contract was last reviewed, approved, and renewed on 1/1/08.</p> <p><u>RESPONSIBLE PARTY</u></p> <p>Chief Nursing Officer</p> <p><u>MONITORING</u></p> <p>The ED Medical Director or designee will conduct an audit of 30 patient records per month for three months to assess compliance with faxing of the Nevada Legal 2000 (L2K) R form (See Exhibit B2) to the SNAMHS and to assess compliance with completion of the requested MCT evaluation, Medical Screening Examination, and/or plan of care to include disposition.</p> <ul style="list-style-type: none"> <li>Exhibit G1 - Legal 2000 Daily Count</li> </ul>		

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A2406	<p>Continued From page 4</p> <p>minute checks performed, clothing and valuables were removed. The psychiatric holding area was monitored with cameras and patient belongings were given to security. The patient reported moderate restlessness and anxiety. The patient reported moderate depression, denied suicidal ideation or plan, denied anger, headache or difficulty breathing. The patient's affect appeared normal, the patient appeared agitated with hyperactive body language.</p> <p>On 07/27/08 at 7:04 AM, nursing documented the patient was calm and resting quietly.</p> <p>On 07/27/08 at 9:10 AM, nursing documented the patient reported anxiety and restlessness. The patient was awaiting evaluation. The patient was Spanish speaking only and translation by security identified the patient had flight of ideas, confused and delusional "does not want to contaminate the world."</p> <p>On 07/27/08 at 1:00 PM, nursing documented "Patient was found face down in bed to eat lunch at 12:45 PM and found 2 socks stuck to his mouth and patient was not responsive called code."</p> <p>The ED physician pronounced the patient death on 07/27/08 at 1:00 PM.</p> <p>There was no documented evidence the patient was checked every 15 minutes for safety.</p> <p>On 08/05/10 at 1:25 PM, Employee #6 indicated the patient was placed on suicide precautions and every 15 minute checks when admitted to the psychiatric hold area. Employee #6 indicated there was no documentation the every 15 minutes</p>	A2406	<p>Spreadsheet and Referral Audit Tool</p> <p>Results will be aggregated, analyzed and reported to the Proactive Patient Safety and Quality Care Committee (QCC), MEC and BOT.</p> <p><u>Action: Policy Review</u></p> <p>The policy, SAF1002 - Mental Health Acute Care Management - Pediatric and Adult (Adult Legal 2000) (Exhibit A1), in place at the time of this event did not require documentation of 15 minute safety checks. Additionally, there was no physician order for 15 minute safety checks.</p> <p>The practice of the nursing staff was to observe the patient every 15 minutes, but they did not have a specific form to use for documentation.</p> <p>More specific and stratified observation procedures were implemented using a new form titled "Precaution Monitoring Flow Sheet" (See Exhibit D1). This form incorporated documentation of 15 minute safety checks. This process was implemented in 9/2009 following presentation of the root cause analysis to The Joint Commission. The assessment procedures were modified to include elements of:</p> <ul style="list-style-type: none"> <li>• Visual Appearance</li> <li>• Behaviors</li> <li>• Sexually Inappropriate Behaviors</li> <li>• Any Potential Medical Concerns</li> </ul>	

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A2406	<p>Continued From page 5</p> <p>checks were done in the patient's chart. There was no expectation the licensed nurse would enter a note in the computerized charting system everytime the 15 minute check was done. The licensed nurse could complete an hourly summary which would document the 15 minute checks where done. Employee #6 indicated the every 15 minute check could be a visual check and not a hands on check. Employee #6 indicated it was standard practice in the ED that when a patient was placed on a legal psychiatric hold, suicide precautions should be initiated and every 15 minute checks were based on patient needs.</p> <p>On 08/06/10 at 10:35 AM, Employee #3 indicated there was no documentation the every 15 minute checks were being done. The camera in the psychiatric hold area was rotating and was not constantly on the patient.</p> <p>The patient was placed on a legal psychiatric hold and the patient was certified as a danger to self or others due to being acutely psychotic. The record lacked documented evidence a psychiatric evaluation was completed to rule out a psychiatric emergency condition. The record lacked documented evidence the patient was appropriately monitored for safety, after the licensed nurse documented the patient was placed on suicide precautions and monitored every 15 minutes.</p>	A2406	<p>Staff completes the Precaution Monitoring Flow sheet to document the 15 minute assessments.</p> <p>ED Staff was initially educated regarding every 15 minute assessment documentation during the August 25, 2009 and August 28, 2009 departmental staff meetings and during shift huddles. This education was completed in August 2009. (See Exhibit D2). Suicide Risk Assessment Legal 2000 information was presented at the house wide Quality Fair held in October 2009 (see Exhibit D5).</p> <p>Two new policies, Policy#EDGEN16 – Daily Operations Guidelines for Discharge Observation Unit (See Exhibit C1) and Policy#EDGEN17 – Transition to Discharge Observation Unit (See Exhibit C2), were drafted by the Chief Nursing Officer (CNO) and Emergency Department (ED) Director to provide more specific guidance on processes implemented in 9/2009 and currently in place for use of the Precaution Monitoring Flow sheet to document 15 minute safety checks. The Board of Trustees (BOT) approved the policies on 10/25/10. (See Exhibit C3)</p> <ul style="list-style-type: none"> <li>Exhibit C1 - Policy#EDGEN16 – Daily Operations Guidelines for Discharge Observation Unit</li> <li>Exhibit C2 - Policy#EDGEN17 –</li> </ul>		

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			<p>Transition to Discharge Observation Unit</p> <ul style="list-style-type: none"> <li>Exhibit C3 – BOT Approval Memorandum dated 10/25/10</li> </ul> <p><u>Action: Staff Education</u></p> <p>Effective October 22, 2010 ED staff have been in-serviced by the ED Director regarding the new policies using a PowerPoint presentation <u>Suicide Prevention; Keys for Safer Patients</u>. (Exhibit D3). Education has been conducted during shift huddles and staff meetings. ED staff will be required to complete education by 10/29/10 or prior to their next scheduled shift. Re-in service to the requirement for documentation of 15 minute safety checks on the Precaution Monitoring Flow Sheet (See Exhibit D1) was included.</p> <ul style="list-style-type: none"> <li>Exhibit D1 - Precaution Monitoring Flow sheet and Precaution Monitoring: Visual Appearance Definitions</li> <li>Exhibit D2 - Adult Emergency Department Staff Meeting Minutes August 25, 2009 and August 28, 2009 with staff attendance listed</li> <li>Exhibit D3 - PowerPoint Presentation; <u>Suicide Prevention; Keys for Safer Patients</u></li> <li>Exhibit D4 - Sign in sheets for preceding education</li> <li>Exhibit D5 - Suicide Risk Assessment Legal 2000</li> </ul>		

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			<p><u>RESPONSIBLE PARTY</u> Chief Nursing Officer</p> <p><u>MONITORING</u> The ED Manager conducted an audit of compliance with documentation on the Precaution Monitoring Flow sheet every 15 minutes. (See Exhibit E1). The audit was conducted from 9/2009 until 12/2009. Compliance with documentation was sustained for four consecutive months. (See Exhibit E2).</p> <ul style="list-style-type: none"> <li>Exhibit E1 - DOU audit log.</li> <li>Exhibit E2 - Measure of Success for monitoring completed 9/09 through 12/09.</li> </ul> <p>Beginning 11/1/10, the ED Director or designee will conduct an audit of records for patients in the DOU to assure compliance with documentation of 15 minute safety checks. (See Exhibit E1) Sample size 30 records per month.</p> <p>Results of these audits will be compiled and presented monthly to the Quality Care Committee, Medical Executive Committee, and Board of Trustees. The audit will be performed for a minimum of 3 months.</p> <p><u>Action: Form Revision and Monitoring</u></p> <p>As the patient was medically cleared and placed on a legal hold, a referral was made to an acute psychiatric facility. (See Exhibit</p>		

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			<p>B2). The patient was transitioned to the Emergency Department DOU to await the psychiatric facilities mobile crisis team. The Memorandum of Transfer form was placed in the medical record, in anticipation of the notification of acceptance by the psychiatric facility.</p> <p>Per the Legal 2000 Daily Count Spreadsheet (See Exhibit F3 and F4), the patient's pertinent information was faxed to Southern Nevada Adult Mental Health Services on 7/27/08 at 0230. The Observational and Holding Daily Log for Sunrise Hospital (See Exhibit F1) and the Southern Nevada Adult Mental Health Services Fax Information Check off Form (See Exhibit F2), requesting a mobile crisis evaluation is currently used to fax this information.</p> <ul style="list-style-type: none"> <li>Exhibit F1 – Observational and Holding Daily Log for Sunrise Hospital</li> <li>Exhibit F2 – Southern Nevada Adult Mental Health Services Fax Information Check off Form</li> <li>Exhibit F3 – Legal 2000 Daily Count Spreadsheet</li> <li>Exhibit F4 - Instructions for completion of Legal 2000 Daily Spreadsheet electronic format</li> </ul> <p><u>RESPONSIBLE PARTY</u> Chief Nursing Officer</p>		

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			<p><u>MONITORING</u></p> <p>The ED Director or designee will conduct an audit of 30 entries per month for three months to assess compliance with completion of the Legal 2000 Daily Count Spreadsheet. (See Exhibit G1)</p> <ul style="list-style-type: none"> <li>Exhibit G1 – Legal 2000 Daily Count Spreadsheet and Referral Audit Tool</li> </ul> <p>Results will be aggregated, analyzed and reported to the Proactive Patient Safety and Quality Care Committee (QCC), MEC and BOT.</p> <p><u>Action: Policy Review</u></p> <p>All hospital policies and procedures related to EMTALA were reviewed by the Ethics and Compliance Officer and found to be in compliance with the requirements of CFR 489.24 in 2/2008 and again in 4/2010. (See Exhibit – H1-9 Policies related to EMTALA regulations).</p> <ul style="list-style-type: none"> <li>Exhibit H1 – Policy#LL.EM.005 Central Log</li> <li>Exhibit H2 – Policy#LL.EM.006 Duty to Accept</li> <li>Exhibit H3 – Policy#LL.EM.001 EMTALA Definitions and General Requirements</li> <li>Exhibit H4 – Policy#LL.EM.001a Medical Screening</li> <li>Exhibit H5 – Policy#LL.EM.004 Signage</li> <li>Exhibit H6 – Policy#LL.EM.002</li> </ul>	

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			<p>Stabilization</p> <ul style="list-style-type: none"> <li>Exhibit H7 – Policy#LL.EM.003 Transfer Policy</li> <li>Exhibit H8 – Policy#ORG2434 Response to Emergencies Inside/Outside</li> <li>Exhibit H9 – Policy# LL. EM007 EMTALA Provisions of On Call coverage</li> <li>Exhibit H10 – Memorandum of Policy Review submitted by Ethics and Compliance Officer</li> </ul> <p><u>Action: Physician Education</u></p> <p>Since 2008, at the time of initial appointment and reappointment all physicians receive an educational handout (PowerPoint Presentation) with post test entitled "EMTALA: Medical Staff Update" (See Exhibit I 2 and Exhibit I3) regarding EMTALA regulations and must provide attestation of receipt and completion of the education prior to the granting of initial privileges or reappointment. The signed attestation (See Exhibit I4) is required prior to the approval through the Credentials Committee. This event occurred in July 2008. All ED physicians on staff have gone through either an initial appointment or reappointment since that time and have completed the required EMTALA education. (Exhibit I5)</p> <ul style="list-style-type: none"> <li>Exhibit I1 - Education Memo from the then Chief of Staff</li> <li>Exhibit I2 - EMTALA: Medical Staff Update PowerPoint presentation</li> <li>Exhibit I3 - EMTALA: Medical Staff</li> </ul>	

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NAME OF PROVIDER OR SUPPLIER  SUNRISE HOSPITAL AND MEDICAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3186 S MARYLAND PKWY LAS VEGAS, NV 89109
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			<p>Update PowerPoint presentation post test</p> <ul style="list-style-type: none"> <li>Exhibit I4 – Attestation of Acknowledgement and Receipt of education.</li> <li>Exhibit I5 – ED Physician EMTALA education roster</li> </ul> <p><u>Action: ED Physician in service</u></p> <p>ED physicians also have been provided reminder in-service education by the ED Medical Director via e-mail (See Exhibit J1) and attachment (See Exhibit J2) regarding special issues related to patients who present to the ED with psychiatric conditions. Physicians will be required to complete education and attestation (See Exhibit J3) by 10/29/10 or prior to their next scheduled shift.</p> <ul style="list-style-type: none"> <li>Exhibit J1 - E-mail and Memorandum to ED Physicians</li> <li>Exhibit J2 - "EMTALA": Medical Staff Update dated 10/27/10</li> <li>Exhibit J3- Attestation of Acknowledgement and Receipt of education.</li> </ul> <p><u>RESPONSIBLE PARTY</u> Chief Medical Officer and VP Quality/Medical Staff</p> <p><u>MONITORING</u> The Chief Medical Officer and ED Director will monitor physician compliance to completion of in-service re education by 10/29/10 or prior to next scheduled shift.</p>	

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			<p>Results will be aggregated, analyzed and reported to the Proactive Patient Safety and Quality Care Committee (QCC), MEC and BOT.</p> <p><u>TAG A2406</u> Based on the findings described in A2406, it was determined the Hospital failed to ensure compliance with CFR 489.24(r) and 489.24 (c). 1 out of 45 records sampled lacked documented evidence a psychiatric evaluation was completed to rule out a psychiatric emergency condition.</p> <p><u>Response</u></p> <p>The Hospital initiated an internal review and in depth root cause analysis of this case on 7/27/08. Sunrise Hospital and Medical Center does not have licensed psychiatric beds. As the Hospital does not provide psychiatric services, the Hospital does not have a psychiatrist listed in the physician ED on call roster. All of the Sunrise ED physicians are qualified and competent to perform a Medical Screening Examination (MSE) to determine if an Emergency Medical Condition (EMC) related to a psychiatric condition is present.</p> <p>A review of the following policies was completed on 8/2008 and again on 10/21/10. These policies, Policy#SAF1002 - Mental Health Acute Care Management - Pediatric and Adult (Adult Legal 2000) (See</p>	10/29/10

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			<p>Exhibit A1) and Policy#HWSAF1003 - Patients Requiring Protective Holds or with Correctional Restrictions (See Exhibit A2), are still in place to provide guidance on the procedures and processes for ensuring psychiatric evaluations are completed.</p> <ul style="list-style-type: none"> <li>Exhibit A1 - Policy#SAF1002 - Mental Health Acute Care Management - Pediatric and Adult (Adult Legal 2000)</li> <li>Exhibit A2 - Policy#HWSAF1003 - Patients Requiring Protective Holds or with Correctional Restrictions</li> </ul> <p><u>Action: Policy Review</u></p> <p>Policy#SAF1002 (See Exhibit A1) was reviewed on 10/22/10 and minor wording revisions recommended. The Board of Trustees (BOT) approved the revised policy on 10/25/10.</p> <p>A Medical Screening Exam was performed on this patient, and was still in progress at the time of the patient's death. The ED Physician determined as required by NRS. 433A.170 (See Exhibit B1) and noted on the Nevada Legal 2000 (L2K) R form (See Exhibit B2), the patient had "no medical disorder or disease other than a psychiatric problem that required hospitalization." As part of the ongoing MSE, monitoring was required. The patient was placed in the</p>		

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			<p>Emergency Department Discharge Observation Unit (DOU) to await evaluation by the County Mobile Crisis providers. Staff assigned to this geographic location do not have responsibility for other patients.</p> <ul style="list-style-type: none"> <li>Exhibit B1 - NRS. 433A.170</li> <li>Exhibit B2 - Nevada Legal 2000 (L2K) R form</li> </ul> <p><u>Action: Contracted Services Review</u></p> <p>The Hospital made and entered into a professional services agreement with Behavioral Health Institute, Inc. on August 14, 2008. The contractor, Behavioral Health Institute, Inc., per the executed contract shall, upon request, be available to provide consultation and related Psychiatric Professional Services to unassigned inpatients and Emergency Room patients in a timely manner. An unassigned patient is defined as the patient who is not under a care of a psychiatrist at the time of visit to the facility. The agreement is currently in effect until January 31, 2011.</p> <p>In addition to the above referenced contracted services, the Hospital has a current contract in place with Southern Nevada Adult Mental Health Services</p>		



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			<p>(SNAMHS) to ensure all appropriate mentally ill persons, for whom an involuntary legal hold has been initiated, are evaluated by SNAMHS Mobile Crisis Team (MCT) staff. Once evaluated by the SNAMHS MCT a determination is made as to whether the patient is in need of emergency mental health treatment or could be released from the involuntary hold and referred to a community based program. The results of the SNAMHS MCT staff are provided to the Sunrise Hospital ED Medical Staff for review and approval. Once the final disposition of the patient is approved by the ED Medical Staff, the SNAMHS MCT implements the approved recommendations. The contract was last reviewed, approved, and renewed on 1/1/08.</p> <p><u>RESPONSIBLE PARTY</u></p> <p>Chief Nursing Officer</p> <p><u>MONITORING</u></p> <p>The ED Medical Director or designee will conduct an audit of 30 patient records per month for three months to assess compliance with faxing of the Nevada Legal 2000 (L2K) R form (See Exhibit B2) to the SNAMHS and to assess compliance with completion of the requested MCT evaluation, Medical Screening Examination, and/or plan of care to</p>		

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			<p>include disposition.</p> <ul style="list-style-type: none"> <li>Exhibit G1 – Legal 2000 Daily Count Spreadsheet and Referral Audit Tool</li> </ul> <p>Results will be aggregated, analyzed and reported to the Proactive Patient Safety and Quality Care Committee (QCC), MEC and BOT.</p> <p><u>Action: Policy Review</u></p> <p>The policy, SAF1002 - Mental Health Acute Care Management – Pediatric and Adult (Adult Legal 2000) (Exhibit A1), in place at the time of this event did not require documentation of 15 minute safety checks. Additionally, there was no physician order for 15 minute safety checks.</p> <p>The practice of the nursing staff was to observe the patient every 15 minutes, but they did not have a specific form to use for documentation.</p> <p>More specific and stratified observation procedures were implemented using a new form titled "Precaution Monitoring Flow Sheet" (See Exhibit D1). This form incorporated documentation of 15 minute safety checks. This process was implemented in 9/2009 following presentation of the root cause analysis to The Joint Commission. The assessment procedures were modified to include elements of:</p>		

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			<ul style="list-style-type: none"> <li>Visual Appearance</li> <li>Behaviors</li> <li>Sexually Inappropriate Behaviors</li> <li>Any Potential Medical Concerns</li> </ul> <p>Staff completes the Precaution Monitoring Flow sheet to document the 15 minute assessments.</p> <p>ED Staff was initially educated regarding every 15 minute assessment documentation during the August 25, 2009 and August 28, 2009 departmental staff meetings and during shift huddles. This education was completed in August 2009. (See Exhibit D2). Suicide Risk Assessment Legal 2000 information was presented at the house wide Quality Fair held in October 2009 (see Exhibit D5).</p> <p>Two new policies, Policy#EDGEN16 – Daily Operations Guidelines for Discharge Observation Unit (See Exhibit C1) and Policy#EDGEN17 – Transition to Discharge Observation Unit (See Exhibit C2), were drafted by the Chief Nursing Officer (CNO) and Emergency Department (ED) Director to provide more specific guidance on processes implemented in 9/2009 and currently in place for use of the Precaution Monitoring Flow sheet to document 15 minute safety checks. The Board of Trustees (BOT) approved the policies on 10/25/10. (See Exhibit C3)</p> <ul style="list-style-type: none"> <li>Exhibit C1 - Policy#EDGEN16 – Daily Operations Guidelines for Discharge</li> </ul>		

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			<p>Observation Unit</p> <ul style="list-style-type: none"> <li>Exhibit C2 - Policy#EDGEN17 – Transition to Discharge Observation Unit</li> <li>Exhibit C3 – BOT Approval Memorandum dated 10/25/10</li> </ul> <p><u>Action: Staff Education</u></p> <p>Effective October 22, 2010 ED staff have been in-serviced by the ED Director regarding the new policies using a PowerPoint presentation <u>Suicide Prevention; Keys for Safer Patients</u>. (Exhibit D3). Education has been conducted during shift huddles and staff meetings. ED staff will be required to complete education by 10/29/10 or prior to their next scheduled shift. Re-in service to the requirement for documentation of 15 minute safety checks on the Precaution Monitoring Flow Sheet (See Exhibit D1) was included.</p> <ul style="list-style-type: none"> <li>Exhibit D1 - Precaution Monitoring Flow sheet and Precaution Monitoring: Visual Appearance Definitions</li> <li>Exhibit D2 - Adult Emergency Department Staff Meeting Minutes August 25, 2009 and August 28, 2009 with staff attendance listed</li> <li>Exhibit D3 - PowerPoint Presentation; <u>Suicide Prevention; Keys for Safer Patients</u></li> <li>Exhibit D4 - Sign in sheets for preceding education</li> <li>Exhibit D5 - Suicide Risk Assessment</li> </ul>	

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			<p>Legal 2000</p> <p><u>RESPONSIBLE PARTY</u> Chief Nursing Officer</p> <p><u>MONITORING</u> The ED Manager conducted an audit of compliance with documentation on the Precaution Monitoring Flow sheet every 15 minutes. (See Exhibit E1). The audit was conducted from 9/2009 until 12/2009. Compliance with documentation was sustained for four consecutive months. (See Exhibit E2).</p> <ul style="list-style-type: none"> <li>Exhibit E1 - DOU audit log.</li> <li>Exhibit E2 - Measure of Success for monitoring completed 9/09 through 12/09.</li> </ul> <p>Beginning 11/1/10, the ED Director or designee will conduct an audit of records for patients in the DOU to assure compliance with documentation of 15 minute safety checks. (See Exhibit E1) Sample size 30 records per month.</p> <p>Results of these audits will be compiled and presented monthly to the Quality Care Committee, Medical Executive Committee, and Board of Trustees. The audit will be performed for a minimum of 3 months.</p> <p><u>Action: Form Revision and Monitoring</u></p> <p>As the patient was medically cleared and placed on a legal hold, a referral was made</p>		

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			<p>to an acute psychiatric facility. (See Exhibit B2). The patient was transitioned to the Emergency Department DOU to await the psychiatric facilities mobile crisis team. The Memorandum of Transfer form was placed in the medical record, in anticipation of the notification of acceptance by the psychiatric facility.</p> <p>Per the Legal 2000 Daily Count Spreadsheet (See Exhibit F3 and F4), the patient's pertinent information was faxed to Southern Nevada Adult Mental Health Services on 7/27/08 at 0230. The Observational and Holding Daily Log for Sunrise Hospital (See Exhibit F1) and the Southern Nevada Adult Mental Health Services Fax Information Check off Form (See Exhibit F2), requesting a mobile crisis evaluation is currently used to fax this information.</p> <ul style="list-style-type: none"> <li>Exhibit F1 – Observational and Holding Daily Log for Sunrise Hospital</li> <li>Exhibit F2 – Southern Nevada Adult Mental Health Services Fax Information Check off Form</li> <li>Exhibit F3 – Legal 2000 Daily Count Spreadsheet</li> <li>Exhibit F4 - Instructions for completion of Legal 2000 Daily Spreadsheet electronic format</li> </ul> <p><u>RESPONSIBLE PARTY</u></p>	

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			<p>Chief Nursing Officer</p> <p><u>MONITORING</u></p> <p>The ED Director or designee will conduct an audit of 30 entries per month for three months to assess compliance with completion of the Legal 2000 Daily Count Spreadsheet. (See Exhibit G1)</p> <ul style="list-style-type: none"> <li>Exhibit G1 – Legal 2000 Daily Count Spreadsheet and Referral Audit Tool</li> </ul> <p>Results will be aggregated, analyzed and reported to the Proactive Patient Safety and Quality Care Committee (QCC), MEC and BOT.</p> <p><u>Action: Policy Review</u></p> <p>All hospital policies and procedures related to EMTALA were reviewed by the Ethics and Compliance Officer and found to be in compliance with the requirements of CFR 489.24 in 2/2008 and again in 4/2010. (See Exhibit – H1-9 Policies related to EMTALA regulations).</p> <ul style="list-style-type: none"> <li>Exhibit H1 – Policy#LL.EM.005 Central Log</li> <li>Exhibit H2 – Policy#LL.EM.006 Duty to Accept</li> <li>Exhibit H3 – Policy#LL.EM.001 EMTALA Definitions and General Requirements</li> <li>Exhibit H4 – Policy#LL.EM.001a Medical Screening</li> <li>Exhibit H5 – Policy#LL.EM.004 Signage</li> </ul>	

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			<ul style="list-style-type: none"> <li>Exhibit H6 – Policy#LL.EM.002 Stabilization</li> <li>Exhibit H7 – Policy#LL.EM.003 Transfer Policy</li> <li>Exhibit H8 – Policy#ORG2434 Response to Emergencies Inside/Outside</li> <li>Exhibit H9 – Policy# LL. EM007 EMTALA Provisions of On Call coverage</li> <li>Exhibit H10 – Memorandum of Policy Review submitted by Ethics and Compliance Officer</li> </ul> <p><u>Action: Physician Education</u></p> <p>Since 2008, at the time of initial appointment and reappointment all physicians receive an educational handout (PowerPoint Presentation) with post test entitled "EMTALA: Medical Staff Update" (See Exhibit I 2 and Exhibit I3) regarding EMTALA regulations and must provide attestation of receipt and completion of the education prior to the granting of initial privileges or reappointment. The signed attestation (See Exhibit I4) is required prior to the approval through the Credentials Committee. This event occurred in July 2008. All ED physicians on staff have gone through either an initial appointment or reappointment since that time and have completed the required EMTALA education. (Exhibit I5)</p> <ul style="list-style-type: none"> <li>Exhibit I1 - Education Memo from the then Chief of Staff</li> <li>Exhibit I2 - EMTALA: Medical Staff Update PowerPoint presentation</li> </ul>		

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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/13/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  290003	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 08/06/2010
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NAME OF PROVIDER OR SUPPLIER  SUNRISE HOSPITAL AND MEDICAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3186 S MARYLAND PKWY LAS VEGAS, NV 89109
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			<ul style="list-style-type: none"> <li>Exhibit I3 - EMTALA: Medical Staff Update PowerPoint presentation post test</li> <li>Exhibit I4 - Attestation of Acknowledgement and Receipt of education.</li> <li>Exhibit I5 - ED Physician EMTALA education roster</li> </ul> <p><u>Action: ED Physician in service</u></p> <p>ED physicians also have been provided reminder in-service education by the ED Medical Director via e-mail (See Exhibit J1) and attachment (See Exhibit J2) regarding special issues related to patients who present to the ED with psychiatric conditions. Physicians will be required to complete education and attestation (See Exhibit J3) by 10/29/10 or prior to their next scheduled shift.</p> <ul style="list-style-type: none"> <li>Exhibit J1 - E-mail and Memorandum to ED Physicians</li> <li>Exhibit J2 - "EMTALA": Medical Staff Update dated 10/27/10</li> <li>Exhibit J3- Attestation of Acknowledgement and Receipt of education.</li> </ul> <p><u>RESPONSIBLE PARTY</u> Chief Medical Officer and VP Quality/Medical Staff</p> <p><u>MONITORING</u> The Chief Medical Officer and ED Director will monitor physician compliance to completion of in-service re education by</p>	

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LAS VEGAS, NEVADA

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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NAME OF PROVIDER OR SUPPLIER  SUNRISE HOSPITAL AND MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3188 S MARYLAND PKWY LAS VEGAS, NV 89109		
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			10/29/10 or prior to next scheduled shift.  Results will be aggregated, analyzed and reported to the Proactive Patient Safety and Quality Care Committee (QCC), MEC and BOT.		

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